FILED	COPY
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CLERK US DISTR DISTRICT OF A	TICT COUNT REZONA M DEPUTY

Timothy R. Woods # 213457 Name and Prisoner Booking Number
A.S.P.C Eyman / SMU#) Place of Confinement
P.O. Box 4000
Mailing Address
Florence, AZ 85132

(Failure to notify the Court of your change of address may result in dismissal of this action.

IN THE HAITED STATES DISTRICT COURT

	ICT OF ARIZONA	
Timothy Ray Woods (Full Name of Plaintiff,)))	
vs.	CIV'11 088 9 PHX SRB ECV	
(1) Steve Horath #759 (Full Name of Defendant)	(To be supplied by the Clerk)	
(2) Robert Valenzuela #A8501)	
(3)	CIVIL RIGHTS COMPLAINT BY A PRISONER	
(4)	JURY Trial Demanded, Original Complaint	
Defendant(s). Check if there are additional Defendants and attach page 1-A listing them.) ☐ First Amended Complaint) ☐ Second Amended Complaint	
A. JURIS	DICTION	
. This Court has jurisdiction over this action pursuant to: ■ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983 □ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971). □ Other:		
2. Institution/city where violation occurred: Four	th Avenue Joil Phoenix.	
Revised 3/9/07	550/555	

B. DEFENDANTS

1.	Maricana Minhi Speriff's Office - Deputy at Fo	zurth Avenue Jail	
·2	(Position and Title) Name of second Defendant: Robert Valenzuela **ABS Maritopa Cainty Speriffs Africe-Detention Officest F (Position and Title)	(Institution) The second Defendant is employed as:	
	(Position and Title)	(Institution)	
3.		The third Defendant is employed as:	
	at	(Institution)	
4.	Name of fourth Defendant:		
	(Position and Title)	(Institution)	
76	ou name more than four Defendants, answer the questions listed above t	for each additional Defendant on a capacity way	
TI M	od name more than lout Detendants, answer the dresning integrande	for each untitional Defendant on a zebatute bude.	
	C. PREVIOUS LAWS	лтѕ	
1.	Have you filed any other lawsuits while you were a prison	er? 🕱 Yes 🗆 No	
2,	2. If yes, how many lawsuits have you filed? 1. Describe the previous lawsuits:		
	a. First prior lawsuit: 1 Parties: Timothy Ray Woods v. M. 2. Court and case number: CV 10-1955-PHX-3 3. Result: (Was the case dismissed? Was it appeals without prejudice. Not appealed.	an copy County Sheriff, et al. ORB (ECV) ed? Is it still pending?) Dismissed	
	 Court and case number:	ed? Is it still pending?)	
	c. Third prior lawsuit:		
	1. Parties:		
	2. Court and case number:	10.7.1	
	3. Result: (Was the case dismissed? Was it appeal	ed? Is it still pending?)	
		· · · · · · · · · · · · · · · · · · ·	

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

	_	COUNTI
A.	Sta	the constitutional or other federal civil right that was violated: <u>Eighth Amendment</u> right to be free from excessive force.
		THE IS WE THE THE CHESSEE TOTE!
2.	Co	unt I. Identify the issue involved. Check only one. State additional issues in separate counts.
		Basic necessities
		Disciplinary proceedings Property Exercise of religion Retaliation
	X	Excessive force by an officer \(\Bar\) Threat to safety \(\Bar\) Other:
3.	Ç.,,	proming Foots State of briefly of mossible the EACTS or mosting Count I Describe are the many
		pporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what fendant did or did not do that violated your rights. State the facts clearly in your own words without
		gal authority or arguments.
	1	
	12 /	20/2010 at approximately 1645 hrs. I. Timethy Ray Woods was
•		ling through the Fourth Avenue Toul from court while
tu		2) Maricapa County Sheriff's Office employees Deputy Steve!
H	ton	h #759 and Detention Officer Robert Valenzhela # A8501. Both
ŰŦ	tice	
$\mathcal{I}_{\mathcal{I}}$		around where I was kneed and punched several times.
C	-	OU RESTRAINTS. A POLICE PROOF FOR AGGRAVATED ASSAULT
M		filed by MCSO Internal Affairs Detective C. asborn #1232.
	œ	assault was captured on the institutional surveillance system.
	CH	
	76	police report forementioned.
4.	4	ury. State how you were injured by the actions or inactions of the Defendant(s).
		and bruises to my head, torso, arms and knees and
_76	H2	Chronic Bock Pain.
	····	
5.	Ad	ministrative Remedies:
•	a,	Are there any administrative remedies (grievance procedures or administrative appeals) available
		at your institution? Yes No
	ъ.	Did you submit a request for administrative relief on Count I? Yes No
	C.	Did you appeal your request for relief on Count I to the highest level? Yes No
	ď.	If you did not submit or appeal a request for administrative relief at any level, briefly explain why
		you did not. <u>Grievance process did not warrant any level</u> Of appeal. All available" relief was received.
		- WILLIAM CALL CALLED CONTROL OF THE CALLED

1.	The die completional of other reductational fight that was violated.		
2.		ount II. Identify the issue involved. Check only one. State additional issues in separate counts. Basic necessities	
3. eac citi	ьD ngl	apporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what efendant did or did not do that violated your rights. State the facts clearly in your own words without egal authority or arguments.	
4.	Inj	ury. State how you were injured by the actions or inactions of the Defendant(s).	
5.	Ada.	ministrative Remedies. Are there any administrative remedies (grievance procedures or administrative appeals) available	
		at your institution?	
	b.	Did you submit a request for administrative relief on Count ∏? ☐ Yes ☐ No	
	c. d.	Did you appeal your request for relief on Count II to the highest level? Yes No If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.	

1.	Sta	ate the constitutional or other f	COUNT cderal civil right th		
2.		unt III. Identify the issue invo Basic necessities Disciplinary proceedings Excessive force by an officer	☐ Mail ☐ Property	☐ Access to the court ☐ Exercise of religion	☐ Medical care ☐ Retaliation
3. each	1 De	pporting Facts. State as briefle fendant did or did not do that gal authority or arguments.	violated your rights	. State the facts clearly in y	our own words without
			·····		
- <u>:</u> 	Ini	ury. State how you were injur			
				. masters of the Defounding	
5 .	Adi a.	ministrative Remedies. Are there any administrative at your institution?	remedies (grievan	ce procedures or administra	ative appeals) available
	b. c. d.	Did you submit a request for Did you appeal your request If you did not submit or appoyou did not.	for relief on Count eal a request for add	III to the highest level? ninistrative relief at any lev	☐ Yes ☐ No ☐ Yes ☐ No vel, briefly explain why
L yo	u ass	ert more than three Counts, answer			n a sanavata naga

E. REQUEST FOR RELIEF

State the relief you are seeking: I am seeking monetary relief in the amount of ten million dollars (\$10,000,000 U.S.).		
declare under penalty of perjury that the foregoing Executed on 4/21/2011 DATE	s is true and correct. SIGNATURE OF PLAINTIFF	
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)		
(Signature of attorney, if any)		

ADDITIONAL PAGES

(Attorney's address & telephone number)

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

Arizona State Prison Complex EUMAN Unit SMU#1

Florence

Inmate TimpAthy Ray Woods

ADC # 313457